

# CITY OF TEMPE

## Temporary Employment Opportunity



Community Services Department • Recreation Services Division • 3500 South Rural Road • (480) 350-5266 • TDD (480) 350-8400

### **American Sign Language (ASL) Instructor** (City of Tempe / Community Services Department – Recreation Services Division)

- Opening Date:** April 16, 2015
- Closing Date:** Open until the needs of the City are met.
- Hourly Wage:** \$18.53 per hour
- Work Schedule:** Flexible; Various Dates and Times

**This is a temporary, non-benefitted position.**

#### **Experience & Training:**

- The City of Tempe seeks qualified individuals to teach American Sign Language (ASL) to youth, teens and adults.

#### **Licenses/Certifications:**

- Qualified applicants must demonstrate proficiency in American Sign Language (ASL) signing.
- Have experience and education specific to ASL instruction.
- Working knowledge of ASL teaching techniques.

#### **Essential Job Functions:**

- Instruct American Sign Language (ASL) classes for diverse populations.
- Plan appropriate activities for varied student levels and abilities, and ensure that the activities are safely-conducted.
- Develop a six to eight-week lesson plan in a designated subject area.
- Supervise class participants.
- Maintain classroom space and facility including the reporting of problems, attendance-tracking, and the distribution, witnessing and collection of liability waivers from class participants.
- Attend staff meetings as needed.
- Account for supplies.

#### **Applicant Requirement:**

Requires successful completion of selection process, completion of background investigation and verification of identity/work authorization. Employment application must be completed in its entirety; an attached resume' for review is appreciated. Please apply in-person, email, fax or mail application to the attention of Rachael Brickner at the City of Tempe Recreation Services Division.

**Selection Criteria:**

Applicants whose experience and training are most closely suited to the needs of the City of Tempe will be selected for an interview. Interviews will assess applicant's knowledge, skills and abilities as they relate to the job functions specific to the position.

**Submit Application to:**

City of Tempe Recreation Services Division  
Tempe Public Library, Second Floor  
Attn. Rachael Brickner  
3500 S. Rural Road  
Tempe, Arizona 85282

**For Questions, Please Contact:**

Rachael Brickner / Assistant Recreation Coordinator  
Community Interest Programming

**Phone:** (480) 350-5266

**Fax:** (480) 350-5058

**TDD:** (480) 350-8400

**Email:** [Rachael\\_Brickner@tempe.gov](mailto:Rachael_Brickner@tempe.gov)

**The City of Tempe is an equal opportunity/reasonable accommodation employer.**

# Application For (NOT FOR SUMMER EMPLOYMENT) Part-Time Recreation Employment



CHECK REQUIRED AVAILABILITY BEFORE INDICATING PROGRAM INTEREST. An Equal Opportunity Reasonable Accommodation Employer

PRINT CLEARLY AND NEATLY IN INK OR USE TYPEWRITER.  
ANSWER ALL QUESTIONS COMPLETELY. SIGN THE APPLICATION

TITLE OF  
POSITION: \_\_\_\_\_

1. Name: \_\_\_\_\_ 2. Social Security #: \_\_\_\_\_  
Last First Middle I.

3. Address: \_\_\_\_\_  
Street - Apt. # City State Zip Code

4. E-mail Address: \_\_\_\_\_

5. Phone - Home: \_\_\_\_\_ Office: \_\_\_\_\_ Message: \_\_\_\_\_

6. Driver's License: #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Is this license currently valid: Yes \_\_\_\_\_ No \_\_\_\_\_

7. Are you at least 16 years old? Yes \_\_\_\_\_ No \_\_\_\_\_ Upon hiring, you may be required to show proof.

8. Are you a United States citizen or a legally registered alien? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Are you related to any member of the City Council or any City Board or Commission member or any City employee?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, indicate WORK, RELATIONSHIP AND POSITION: \_\_\_\_\_  
\_\_\_\_\_

10. Have you ever worked for the City of Tempe? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, WHEN: \_\_\_\_\_ Month/Year

11. Dates available: From \_\_\_\_\_ To \_\_\_\_\_. Specify times you are available to work

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
List specific hours you are available to work, i.e. 8am-noon							

12. EDUCATION: Circle highest grade completed

GRADE SCHOOL 1 2 3 4 5 6 7 8 HIGH SCHOOL 9 10 11 12 COLLEGE 1 2 3 4 5 6

13. HIGH SCHOOL AND INSTITUTIONS OF HIGHER LEARNING  
Name \_\_\_\_\_ Dates Attended \_\_\_\_\_ Major \_\_\_\_\_ Degree or Diploma Obtained \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. CERTIFICATION OR REGISTRATION: (CPR, First Aid, Adv. Lifesaving, Lifeguard Training, W.S.I., etc.)

Current type of certifications: \_\_\_\_\_ Expirations Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Attach copies of current  
Certifications to application

(Turn Over)

**EMPLOYMENT HISTORY:**

Indicate your experience in each position beginning with your present or most recent position, including any military and volunteer experience. **Show your entire work history.** The amount of experience and the way you describe it, as it pertains to the position you are seeking, will determine whether or not you are given further consideration for the position. ***You may attach a resume to your application: however, your qualifications will be evaluated solely on this completed application form and supplemental questionnaire(s).***

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15. **Place of Employment or Volunteer Experience:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Kind of Business: \_\_\_\_\_ Your Title: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Total Time There \_\_\_\_\_  
Month/Year Month/Year Year(s) Month(s)

Hours Per Week \_\_\_\_\_ Starting Wage \$ \_\_\_\_\_ per \_\_\_\_\_ Present/Ending Wage \$ \_\_\_\_\_ per \_\_\_\_\_

Description of work performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or wanting to change: \_\_\_\_\_

May we contact this employer if you are considered for the position? Yes \_\_\_\_\_ No \_\_\_\_\_

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16. **Place of Employment or Volunteer Experience:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Kind of Business: \_\_\_\_\_ Your Title: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Total Time There \_\_\_\_\_  
Month/Year Month/Year Year(s) Month(s)

Hours Per Week \_\_\_\_\_ Starting Wage \$ \_\_\_\_\_ per \_\_\_\_\_ Present/Ending Wage \$ \_\_\_\_\_ per \_\_\_\_\_

Description of work performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or wanting to change: \_\_\_\_\_

May we contact this employer if you are considered for the position? Yes \_\_\_\_\_ No \_\_\_\_\_

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17. **Place of Employment or Volunteer Experience:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Kind of Business: \_\_\_\_\_ Your Title: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Total Time There \_\_\_\_\_  
Month/Year Month/Year Year(s) Month(s)

Hours Per Week \_\_\_\_\_ Starting Wage \$ \_\_\_\_\_ per \_\_\_\_\_ Present/Ending Wage \$ \_\_\_\_\_ per \_\_\_\_\_

Description of work performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or wanting to change: \_\_\_\_\_

May we contact this employer if you are considered for the position? Yes \_\_\_\_\_ No \_\_\_\_\_

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18. Please list other names you have gone by, so we can verify your previous work experience and/or education:

\_\_\_\_\_

19. Have you ever been convicted of a **misdemeanor** or **felony** (other than minor/civil traffic offenses), placed on probation, fined or given a suspended sentence (include military trial convictions?) Note: Reckless operation, hit-and-run, driving under the influence, excessive speeding, and similar charges are **not** considered minor traffic offenses; furthermore, an excessive number of traffic violations (including minor/civil offenses) should be reported.

Yes ☐ No ☐ If Yes, give details, including charges, dates, locations, etc. (attach a separate page if necessary):

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It is to your advantage to provide a full disclosure of your record, as convictions do not automatically bar you from employment with the City. **However, failure to admit convictions will result in automatic disqualification from new or continued employment** (tempered by the specific considerations listed in the "Truth in Application Policy" below.)

## TRUTH IN APPLICATION POLICY

The City of Tempe places a prime value on integrity. This value applies to all phases of City business. In particular, the City values, and in fact requires, honesty in completing employment applications. This is important to creating a fair process oriented towards selecting the best candidate. Therefore, the City will not tolerate lies or omissions of material fact on employment applications.

The City of Tempe has a "zero tolerance" of untruthfulness in application materials. The City conducts a background check upon hire to verify the information contained in the application. However, at the same time that the City values integrity and truth in applications, it recognizes that people may make mistakes and may learn from them. Therefore, the City's "zero tolerance", as stated in this policy, is tempered by the following considerations:

1. Convictions will not automatically bar an application from employment for City jobs. The relationship of the conviction to the job, as well as its severity, the passage of time, and subsequent job performance will all be considered.
2. Applicants are not required to report convictions that have been expunged or sealed by a court of law.
3. If misstatements or omissions of material fact are discovered after seven (7) years of the date of an application, there may be grounds for dismissal from City employment, but such dismissal will be considered on a case-by-case basis, weighing the severity of the misstatement/omission against subsequent job performance and its relationship to the job.

**I agree and understand that any deliberate misstatement or omission of material fact on application documents will cause forfeiture on my part of all eligibility to any employment with the City of Tempe, and will cause forfeiture of my job if I am currently employed or become employed by the City of Tempe.**

**My signature on this application form acknowledges my understanding and agreement with the above policy.**

20. I certify that all statements made on all application materials are true and complete. In addition, I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.

SIGNATURE

DATE

**Reminder:** ☐ Is your required supplemental form attached to your application ? ?

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

I hereby authorize the City of Tempe to check my references with the following employer (**complete one box for each employer listed on application and supplement-make additional copies if needed**):

Date(s) Employed: _____
Company Name: _____
Address/City/Zip: _____
Supervisor's Name/Title: _____
Phone #: (     ) _____ Fax # (     ) _____

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

I hereby authorize the City of Tempe to check my references with the following employer (**complete one box for each employer listed on application and supplement-make additional copies if needed**):

Date(s) Employed: _____
Company Name: _____
Address/City/Zip: _____
Supervisor's Name/Title: _____
Phone #: (     ) _____ Fax # (     ) _____

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

I hereby authorize the City of Tempe to check my references with the following employer (**complete one box for each employer listed on application and supplement-make additional copies if needed**):

Date(s) Employed: _____
Company Name: _____
Address/City/Zip: _____
Supervisor's Name/Title: _____
Phone #: (     ) _____ Fax # (     ) _____

Signature \_\_\_\_\_ Date \_\_\_\_\_